	DATEMT	TEP .	- 1	-thhicano	_	•							
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								09/770358					
-	<u></u>			•									
_			S FILED - PART I		(Column 2)		TYP		NTITY	OR		R THAN ENTITY	
TOTAL CLAIMS							R	NTE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/6 minus 20=		•		X	9=		OR	XS18=		
INDEPENDENT CLAIMS			minus 3 =		/		X	3=		OB	X8 0 =	80.00	
ML	JLTIPLE DEPEN	NDENT CLAIM P	RESENT						1	1		1	
* Who difference in column 1 is less than zero, color "0" in column 2							L	15=	 	OR	+290=		
• If the difference in column 1 is less than zero, enter "0" in column 2							то	TAL		OR	TOTAL	590,00	
7	CLAIMS AS AMENDED - PART II 5-5-03 (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER		
		CLAIMS	T T	HIGH	EST] [ADDI-	7		ADDI-	
NTA	. <i>.</i>	AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT	RA	TE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 32	Minus		20	- 12	xs	9=		OR	X\$18=	216	
WE.	Independent	· 8	Minus		4	= 4/.	X4	3=		OR	×8 € ⁄=	336	
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		+14	 5≠		OR	+290=		
									 	OR	TOTAL	N552	
7	7-12-04	(Column 1)		(Colum	n 2)	(Column 3)	ADDIT.	FEE	<u> </u>	1011	ADDIT. FEE	336	
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY.	PRESENT EXTRA	RA*	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total ·	· 32	Minus	- 3	32	= /	X\$	9=		OR	X\$18=		
AME	Independent	* S	Minus		8	= /	X43	=.		OR	X86=		
	FIRST PRESE	NIATION OF MU	LIPLE DEF	ENDENI	CLAIM	<u> </u>	+14	5=		OR	+290=		
		•						TAL		OR ,	TOTAL		
1	121/05	ADDIT.	rtē (1	VOOIT. FEEL							
MC		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ea USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	. 32	Minus	** &	2	= /	X\$ 8	_		OR	X\$478=)	
ME	Independent	. 32	Minus	 8		2	X43	<u>,</u>		OR	X		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145	十					
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
1	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."							EE L		OR A	DOIT, FEE	We , i	
****If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
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